



## Electronic Form 159

### Payment Confirmation

Your transaction has been approved. For your records, please note the following:

<b>AGENCY TRACKING ID:</b>	<b>PGC2136996</b>
<b>AUTHORIZATION NUMBER :</b>	<b>05223Z</b>
<b>AMOUNT PAID :</b>	<b>\$1,355.00</b>

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#### Customer Service

[FCC Fees](#)[Web Policies / Privacy  
Policy](#)[FCC Home Page](#)

If you have any questions or concerns please contact your licensing system help desk.

# Agency Tracking ID:PGC2136996 Authorization Number:05223Z

## Successful Authorization -- Date Paid: 5/29/12 FILE COPY ONLY!!

READ INSTRUCTIONS CAREFULLY BEFORE PROCEEDING  (1) LOCKBOX #979089	FEDERAL COMMUNICATIONS COMMISSION <b>REMITTANCE ADVICE</b> <b>FORM 159</b> PAGE NO 1 OF 1	APPROVED BY OMB 3060-059  SPECIAL USE  FCC USE ONLY
<b>SECTION A - Payer Information</b>		
(2) PAYER NAME (if paying by credit card, enter name exactly as it appears on your card) <b>Davis Wright Tremaine LLP</b>		(3) TOTAL AMOUNT PAID (dollars and cents) <b>\$1355.00</b>
(4) STREET ADDRESS LINE NO. 1 <b>1919 Pennsylvania Ave. N.W.</b>		
(5) STREET ADDRESS LINE NO. 2 <b>Suite 800</b>		
(6) CITY <b>Washington</b>	(7) STATE <b>DC</b>	(8) ZIP CODE <b>20006-3402</b>
(9) DAYTIME TELEPHONE NUMBER (INCLUDING AREA CODE) <b>202-9734200</b>		(10) COUNTRY CODE (IF NOT IN U.S.A.) <b>US</b>
<b>FCC REGISTRATION NUMBER (FRN) AND TAX IDENTIFICATION NUMBER (TIN) REQUIRED</b>		
(11) PAYER (FRN) <b>0004063681</b>		(12) FCC USE ONLY
IF PAYER NAME AND THE APPLICANT NAME ARE DIFFERENT, COMPLETE SECTION B IF MORE THAN ONE APPLICANT, USE CONTINUATION SHEETS (FORM 159-C)		
(13) APPLICANT NAME <b>Comcast Cable Communications, LLC</b>		
(14) STREET ADDRESS LINE NO. 1 <b>One Comcast Center</b>		
(15) STREET ADDRESS LINE NO. 2 <b>1701 John F. Kennedy Boulevard</b>		
(16) CITY <b>Philadelphia</b>	(17) STATE <b>PA</b>	(18) ZIP CODE <b>19103-2838</b>
(19) DAYTIME TELEPHONE NUMBER (INCLUDING AREA CODE) <b>215-2861700</b>		(20) COUNTRY CODE (IF NOT IN U.S.A.) <b>US</b>
<b>FCC REGISTRATION NUMBER (FRN) AND TAX IDENTIFICATION NUMBER (TIN) REQUIRED</b>		
(21) APPLICANT (FRN) <b>0004441663</b>		(22) FCC USE ONLY
<b>COMPLETE SECTION C FOR EACH SERVICE, IF MORE BOXES ARE NEEDED, USE CONTINUATION SHEET</b>		
(23A) FCC Call Sign/Other ID <b>007635</b>	(24A) Payment Type Code(PTC) <b>TQC</b>	(25A) Quantity <b>1</b>
(26A) Fee Due for (PTC) <b>\$1,355.00</b>	(27A) Total Fee <b>\$1355.00</b>	FCC Use Only
(28A) FCC CODE 1 <b>Whitemarsh,PA</b>	(29A) FCC CODE 2 <b>X</b>	
(23B) FCC Call Sign/Other ID		
(24B) Payment Type Code(PTC)		
(25B) Quantity		
(26B) Fee Due for (PTC)		
(27B) Total Fee		
FCC Use Only		
(28B) FCC CODE 1		
(29B) FCC CODE 2		